

**TOWN OF LAKE PARK**  
**SPECIAL EVENT PERMIT APPLICATION**  
Please read instructions before filling out application.

Completed application must be submitted ten (10) days prior of proposed event to:

DEPARTMENT OF COMMUNITY DEVELOPMENT  
535 PARK AVENUE  
LAKE PARK, FL 33403  
Telephone: 561-881-3318 Fax: 561-881-3323

**Instructions:**

**Please print legibly using dark ink.**

**Application must be filled out completely. \$75.00 Application fee must accompany application. Non-profit application fee: \$25.00 Note the permit requirements necessary to be attached to application.**

**Name of Event:**

---

---

**Address/Location of Event**

---

**Detailed description of use (use additional sheet if applicable)**

---

---

---

**Dates/Times of the event:**

	Date	Day	Begin Time	End Time
Event Day 1	_____	_____	( )AM ( ) PM _____	( ) AM ( ) PM
Event Day 2	_____	_____	( ) AM ( ) PM _____	( ) AM ( ) PM
Event Day 3	_____	_____	( ) AM ( ) PM _____	( ) AM ( ) PM

**Organization (s) Producing Special Event:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

State/Zip \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

**Individual (s) Responsible:**

Name: \_\_\_\_\_ Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Alternative Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

**Purpose of the event**

---

---

---

---

Estimated number of participants? \_\_\_\_\_

Has this event ever occurred in the Town of Lake Park? Yes \_\_\_\_ No \_\_\_\_

Has this site had a Special Event Permit this calendar year? Yes \_\_\_\_ No \_\_\_\_

Will your event require road closure? Yes \_\_\_\_ No \_\_\_\_

If yes, describe the requested street segment closure and time:

---

Will the event require the use of electricity? Yes \_\_\_\_ No \_\_\_\_

Will food and/or beverages be served? Yes \_\_\_ No \_\_\_

Will the event have vendors or concession sales? Yes \_\_\_ No \_\_\_

***If yes, please submit a complete list of food service vendors, copies of their respective Palm Beach County Mobile occupational licenses, State of Florida Health Certificates and Town of Lake Park registration.***

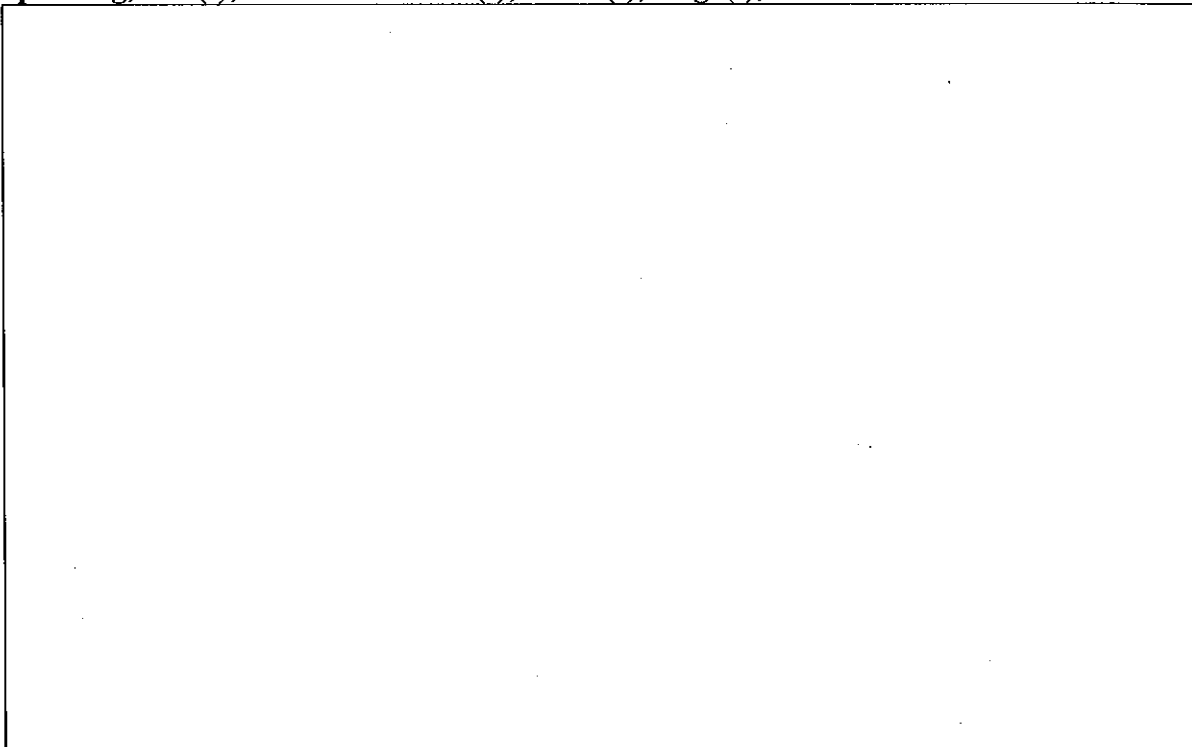
Will Palm Beach County Sheriff Office services be required? Yes \_\_\_ No \_\_\_

Will Palm Beach County Fire-Rescue services be required? Yes \_\_\_ No \_\_\_

Will alcoholic beverages be served? Yes \_\_\_ No \_\_\_

Are you proposing signage? Yes \_\_\_ No \_\_\_

**Please provide a sketch of the special event site including: Proposed location of parking, tent(s), concession stand(s), booth(s), stage(s), etc.:**



**NOTE:** If parking is required, please provide a detailed description indicating how you will provide adequate parking, as well as parking management for the event. Additionally, please provide the number of parking spaces needed for the event.

If tents are to be used, a *Certificate of Flame Resistance* must be attached to this application form.

***FOR OFFICE USE ONLY***

**SIGNATURES/APPROVALS:**

Please sign and date:

**NAME/DATE OF SPECIAL EVENT:** \_\_\_\_\_

**CODE COMPLIANCE OFFICER:** \_\_\_\_\_

**PUBLIC WORKS DIRECTOR:** \_\_\_\_\_

**PALM BEACH COUNTY SHERIFF:** \_\_\_\_\_

**PALM BEACH CO. FIRE-RESCUE:** \_\_\_\_\_

\_\_\_\_\_

**DIRECTOR OF COMMUNITY DEVELOPMENT:** \_\_\_\_\_

**Comments:**